

JAMES "MOON" VANSTEENBERG JEFFERSON COUNTY TREASURER

155 MAIN STREET, RM 101 BROOKVILLE, PA 15825 www.jeffersoncountypa.gov OFFICE HOURS 8:30 AM - 4:30 PM Weekdays **814-849-1609**

DON'T GET CAUGHT WITH AN EXPIRED TAG -- BUY YOUR 2026 DOG LICENSE BY JANUARY 1. FINES CAN BE UP TO \$500 PER DOG.

Pennsylvania law requires a license for every dog 3 months of age or older.

| Please verify all information below is correct and make any | | | | | | | | | |
|-------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| necessary changes. Thank you! | | | | | | | | | |
| | | | | | | | | | |

ON-LINE

Register your dog(s) on-line at https://www.jeffersoncountypa.gov/departments/treasurer/licenses/. A convenience fee for credit card payments will be applied per license purchase online. Please see the website for details. To access your pre-filled form you will need the Renewal ID and Online Code listed below.

Renewal ID:

Online Code:

BY MAIL

- 1. Complete the application form below. Be sure the owner, street address, and pet description(s) are correct.
- 2. Use this form to register up to 5 dogs. Please list any additional dogs on the back of this form.
- 3. Enclose a check or money order for the correct fees payable to: **Jefferson County Treasurer**. Please do not send cash.
- 4. Please return the application along with check or money order. A receipt will be returned to you with your 2026 license tag(s).

IN PERSON

Tags can be purchased at the Jefferson County Treasurer's Office, 155 Main Street Rm. 101, Brookville. Please bring the attached form when purchasing. Licenses are also sold at a number of agents located throughout the county. To find the nearest agent in your area, please review the list of agents on the County Treasurer's website, www.jeffersoncountypa.gov.

| REGULAR FEE | SENIOR CITIZEN OR PERSON WITH DISABILITY FEE | | | | |
|---------------|-------------------------------------------------|--|--|--|--|
| MALE / FEMALE | MALE / FEMALE | | | | |
| \$10.80 | \$8.80 | | | | |

PLEASE NOTE: IF APPLYING FOR A SENIOR CITIZEN LICENSE, THE OWNER MUST CURRENTLY BE AGE 65 AND OLDER. A PERSON WITH A DISABILITY MUST PROVIDE PROOF OF DISABILITY TO THE COUNTY TREASURER OR AGENT.

| Detach and Return Application with Payment | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------|--------|-----------------------------------------|---------------------|----------------------|-----------------------|-------------------|--|--|--|--|--|
| Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color | | | | | | | | | | | |
| JAMES VANSTEENBERG, JEFFERSON COUNTY TREASU | | | | | | | | | | | |
| APPLICAT | ION fo | the registration of dog(s) for the year | 155 MAIN STREET, RI | <u>M 101, BROOKV</u> | <u>ILLE, PA 15825</u> | | | | | | |
| Age Sex Color | | | | | Fee Paid | Office Use | | | | | |
| | | BL WH GR BD TA BR YE RE TRI | Breed | Name | (See Chart Above) | 2026 License # | | | | | |

Data als and Datama Anniliantian solida Danmant

| L | Αį | ge | Sex | | | | | _010 | PΓ | | | | Breed | Name | Fee Paid | Office Ose |
|---|-----|-----|-------|----|----|----|----|------|----|----|----|-----|-------|------|-------------------|-------------------|
| | YRs | MOs | (M/F) | BL | WH | GR | BD | TA | BR | YE | RE | TRI | | | (See Chart Above) | 2026 License # |
| Γ | | | | | | | | | | | | | | | | |
| Γ | | | | | | | | | | | | | | | | |
| Γ | | | | | | | | | | | | | | | | |
| Γ | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| Owner Information | I hereby verify that I am the owner of the dog(s) that are the subject of this dog license application. I make this statement subject to the criminal penalties of 18 PA section 4904 (relating to unsworn falsification to authorities). The undersigned says that the facts indicated above ARE TRUE. | | | | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Name: | Signature of Applicant | | | | |
| Street Address: | Phone # Email | | | | |
| Mailing Address: if different(e.g. P.O. Box) | For Senior Citizen Discount: Owner's Date of Birth/ | | | | |
| City: State: ZipCode: | For Person with Disability Discount, check: (Affidavit Req'd) | | | | |
| | • | | | | |